



*The City of New Orleans establishes an overall goal of 35% utilization of socially and economically disadvantaged businesses for all public spending or private projects that utilize public funding and/or incentives.*

## **FORM DBE-1**

### **DBE Responsiveness**

Use this form to list your primary DBE subcontractor on a City of New Orleans Bid, RFP or solicitation response. You can download a PDF fill-in version of this form at [www.nola.gov](http://www.nola.gov).

Contact the Office of Supplier Diversity at 504-658-4200 if you require assistance with completing this or any other DBE form.



# Office of Supplier Diversity

## EQUAL BUSINESS OPPORTUNITY PROGRAMS

### FORM DBE-1

### DISADVANTAGE BUSINESS ENTERPRISE (DBE) RESPONSIVENESS FORM

RFP/RFQ/P.O./Bid/Solicitation/Other # \_\_\_\_\_

Project Description \_\_\_\_\_

**This completed form should be provided to the Office of Supplier Diversity within ten (10) days of receipt of written notification that you, an individual or firm, are the lowest responsible bidder/offeree.**

The undersigned bidder/offeree has satisfied the requirements of the bid specifications for the above-referenced BID/RFQ/RFQ or solicitation by the City of New Orleans in the following manner.

#### Please check the appropriate space:

- ☐ The bidder/offeree is committed to a minimum of \_\_\_\_\_% DBE utilization on this contract.
- ☐ The bidder/offeree, if unable to meet the DBE goal of \_\_\_\_\_%, is committed to a minimum of \_\_\_\_\_% DBE utilization on this contract and will submit documentation demonstrating good faith efforts (Form DBE-2).

Name of Bidder/Offeree Firm: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

By: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Signature) (Title) (Date)

The bidder/offeree is committed to utilizing DBE participation on the project in the following manner.

#### Please check the appropriate space:

- ☐ The bidder/offeree is committed to utilizing the DBE firm named below for the *Scope of Work* as described. The estimated dollar value of the scope of work is \$ \_\_\_\_\_ or \_\_\_\_\_% of the total dollar value of the contract.
- ☐ The bidder/offeree is committed to utilizing the DBE firm named below and the firm(s) named on Form DBE 1(A) attached for the *Scope of Work* as described. The estimated dollar value of the scope of work is \$ \_\_\_\_\_ or \_\_\_\_\_% of the total dollar value of the contract.

Name of DBE Firm: \_\_\_\_\_

DBE Firm Owner or Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

DBE TYPE: ☐ SLDBE CERTIFIED; ☐ DOTD/LAUCP CERTIFIED; ☐ OTHER \_\_\_\_\_

☐ SCOPE OF WORK ATTACHED.

Proposed DBE % \_\_\_\_\_

SCOPE OF WORK: Describe the work to be performed by the DBE firm.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ I have attached Form DBE 1(A) which contains a list of additional DBE firms and the scope of work they will perform on this project.

#### DBE AFFIRMATION

The above-named DBE firm affirms that it will perform the SCOPE OF WORK on of the contract for the estimated dollar value as stated above.

By: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Signature) (Title) (Date)

*If the bidder/offeree does not receive award of the prime contract, any and all representations in this form shall be null and void.*